

Human Resources Service, PSC

12300 Twinbrook Parkway, Suite 360, Rockville, Maryland 20852 Tel (301) 443-1167 (800) 872-6367 FAX (301) 443-5146 (800) 872-5945

NATIONAL DISASTER MEDICAL SYSTEM VOLUNTEER AGREEMENT

TEAM#

I,	, offer to serve as a volunteer Federal employee to participate in the
	onal Disaster Medical System (NDMS) within the Office of Public Health and Science (OPHS), Department of
Heal	h and Human Services (HHS), for response with an NDM S response team to provide emergency medical care eded.
My s	ervices will be those of a
In m	aking this offer of my services, I agree and/or understand that I will:
1.	Perform my volunteer services and activit ies under the general direction of NDMS sponsoring organization and approved or supervised by an appropriate Federal official.
2.	Waive any claims for compensation from the Government of the United States for any services performed related to my volunteer assignment with NDMS.
3.	Be subject to DHHS regulations concerning Standards of Conduct and Conflict of Interest. Copies of regulations are available from the NDMS response team leader.
4.	Be eligible under the Federal Employees' Compensation Act, as amen ded (5 U.S.C. 8101 [1] [B]) to file for benefits for work-related injuries and/or illnesses that may arise and are directly related to the performance of my volunteer assignment.
5.	Be eligible for coverage under the Federal Tort Claims Act, (28 U.S.C. 267 1), for any damages or injuries that may arise from the performance of my volunteer assignment.
6.	Be responsible for any cost or treatment of any illness or medical condition that is not directly related to the performance of my volunteer assignment.
7.	Maintain a current health professional license, certification, or registration, as applicable.
I unc	erstand that my volunteer assignment may be terminated at any time by either party to this agreement.
(Sion	ature of Volunteer) (Date)
(Digi	muic of volumeer) (Dute)
Divis	ion of Personnel Operations - Parklawn (Date)



(Desition to milital manifest a)

APPOINTMENT AFFIDAVITS

(Position to which appo	(Date o	j appointment)	
(Department or agency)	(Bureau or Division)	(Place	of employment)
I,		, do solemnly swea	ar (or affirm) that—
A. OATH OF OFFICE I will support and defend the Constituthat I will bear true faith and allegiance reservation or purpose of evasion; and on which I am about to enter. So help	to the same; that I ta that I will well and	ke this obligation freely	, without any mental
B. AFFIDAVIT AS TO STRIKING AG I am not participating in any strike ag and I will not so participate while an enthereof.	gainst the Governmen	nt of the United States or	
C. AFFIDAVIT AS TO PURCHASE I have not, nor has anyone acting in r for or in expectation or hope of receiving	ny behalf, given, tra	nsferred, promised or pa	
		(Signature of appo	nintee)
Subscribed and sworn (or affirmed) be	fore me this	day of	, 19,
at(City)		(State)	
[SEAL]		(Signature of of	ücer)
Commission expires (If by a Notary Public, the date of expiration of Commission should be shown)	of his/her	(Title)	

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

Declaration for Federal Employment

Form Approved OMB No. 3206-0182

Instructions •

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

Form Approved OMB No. 3208-0182

GF	NERAL INFORMATION	
1.	FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
	♦	•
3.	PLACE OF BIRTH (Include city and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)
	•	•
5.	OTHER NAMES EVER USED (For example, maiden name, nickname, etc)	6. PHONE NUMBERS (Include area codes)
	•	Day ♦
	•	Night ◆
If y	Plective Service Registration ou are a male born after December 31, 1959, and are at least 18 years of age, civil serv must register with the Selective Service System, unless you meet certain exemptions.	rice employment law (5 U.S.C. 3328) requires that
7a. 7b. 7c.	Have you registered with the Selective Service System? YES NO	•
Mi	litary Service	
8.	Monage .	Provide information below NO
	If you answered "YES," list the branch, dates, and type of discharge for all active dut If your only active duty was training in the Reserves or National Guard, answer "NO.	
	F500 (A	Type of Discharge
	Branch ASSOCIATES ASSOCIATES	type or morninge
 		
Rs	ckground Information	
For	r all questions, provide all additional requested information under item 16 or on at I list will be considered. However, in most cases you can still be considered for Federal	
fine If fi	r questions 9,10, and 11, your answers should include convictions resulting from a plea as of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any t nally decided in juvenile court or under a Youth Offender law, (4) any conviction set asia nilar state law, and (5) any conviction for which the record was expunged under Federal	violation of law committed before your 18th birthday de under the Federal Youth Corrections Act or
9.	During the last 10 years, have you been convicted, been imprisoned, been on probat (Includes felonies, firearms or explosives violations, misdemeanors, and all other offer to provide the date, explanation of the violation, place of occurrence, and the name adepartment or court involved.	enses.) If "YES," use item 16
10.	Have you been convicted by a military court-martial in the past 10 years? (If no milital "YES," use item 16 to provide the date, explanation of the violation, place of occurrent of the military authority or court involved.	
11.	Are you now under charges for any violation of law? If "YES," use item 16 to provide violation, place of occurrence, and the name and address of the police department or	
12.	During the last 5 years, have you been fired from any job for any reason, did you quit would be fired, did you leave any job by mutual agreement because of specific proble Federal employment by the Office of Personnel Management or any other Federal ag to provide the date, an explanation of the problem, reason for leaving, and the employed.	ms, or were you debarred from 1E3 NO pency? If "YES," use item 16
13.	Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal benefits, and other debts to the U.S. Government, plus defaults of Federally guarante student and home mortgage loans.) If "YES," use item 16 to provide the type, length or default, and steps that you are taking to correct the error or repay the debt.	ed or insured loans such as

Declaration for Federal Employment

Form Approved: OMB No. 3206-0162

Ada	ditional Questions		rangan di ngladi Tangan dan	
14.	Do any of your relatives work for the agency or government organization to which you are submitting this (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, if father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmostepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to prove relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your	nlece, ther, <i>vide the</i>	YES	NO I
15.	Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on mill Federal civilian, or District of Columbia Government service?	tary,	YES	NO L
Con	tinuation Space / Agency Optional Questions	· · · · · · · · · · · · · · · · · · ·		
16.	Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be s with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. It please answer as instructed (these questions are specific to your position and your agency is authorized)	f any questions	ttached are prin	sheets ted below,
APP	tifications / Additional Questions LICANT: If you are applying for a position and have not yet been selected, carefully review your answhed sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.	wers on this for	m and a	ny
mate chan addit	OINTEE: If you are being appointed , carefully review your answers on this form and any attached sheet rials that your agency has attached to this form. If any information requires correction to be accurate as on this form or the attachments and/or provide updated information on additional sheets, initialing an idens. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and a opriate.	of the date you a d dating all cha	are signi Inges an	ng, make d
17.	I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declar including any attached application materials, is true, correct, complete, and made in good faith. I understanswer to any question or item on any part of this declaration or its attachments may be grounds me after I begin work, and may be punishable by fine or imprisonment. I understand that any information about my ability and fitness for Federal employment as allowed by law or Presidential order. It information about my ability and fitness for Federal employment by employers, schools, law enforcement and organizations to investigators, personnel specialists, and other authorized employees or representated understand that for financial or lending institutions, medical institutions, hospitals, health care profession information, a separate specific release may be needed, and I may be contacted for such a release at	stand that a fall for not hiring mation I give m consent to the t agencies, and tives of the Fed ionals, and son	ise or from the me, or the me, or the individual in the individual individual in the individual in the individual in the individual individual in the individual in the individual individual in the individual ind	audulent for firing vestigated of idi viduals vernment.
17a.	Applicant's Signature: Date	Appoint Enter Date of Appoint MM / D	-	Conversion
17b.	Appointee's Signature: Date			
18.	Appointee (Only respond if you have been employed by the Federal Government before): Your eleprevious Federal employment may affect your eligibility for life insurance during your new appointment. help your personnel office make a correct determination.	octions of life in These question	surance is are as	during sked to
18a.	When did you leave your last Federal job? DATE:			
18b.	When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES N	Do Do	Not Know
18c.	If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	YES N	Do Do	Not Know
160			Ò	ptional Form 306

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4307r, Washington, DC 20536. OMB No. 1115-0136.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information	and Verification. To	be completed and signe	d by employee	at the time employment begins.
Print Name: Last	First	Mide	dle Initial	Maiden Name
Address (Street Name and Number)		Apt.	#	Date of Birth (month/day/year)
City	State	Zip	Code	Social Security #
I am aware that federal law provi imprisonment and/or fines for fals use of false documents in connec completion of this form.	se statements or	A citizen o A Lawful An alien a	or national of th Permanent Res	hat I am (check one of the following): e United States ident (Alien # A ork until//
Employee's Signature		,	ĺ	Date (month/day/year)
Preparer and/or Translato other than the employee.) I attes best of my knowledge the inform Preparer's/Translator's Signature Address (Street Name and Numb	st, under penalty of perjur nation is true and correct.	Print Name		1 is prepared by a person on of this form and that to the Date (month/day/year)
Section 2. Employer Review and V examine one document from List B and one f document(s)				e one document from List A OR itle, number and expiration date, if any, of the
List A	OR	List B	AND	List C
Document title:			_	
Issuing authority:				
Document #:				
Expiration Date (if any)://	/	/		//
Document #:				
Expiration Date (if any)://				
CERTIFICATION - I attest, under penal employee, that the above-listed docur employee began employment on <i>(moris eligible to work in the United States employment.)</i> Signature of Employer or Authorized Repres	ment(s) appear to be g nth/day/year)/ . (State employment a	enuine and to relate and that to the gencies may omit the	to the emplo best of my k	yee named, that the nowledge the employee
Signature of Employer of Authorized Repres	entative Fillit Name	5		Title
Business or Organization Name	Address <i>(Street Name an</i>	d Number, City, State, 2	Zip Code)	Date (month/day/year)
Section 3. Updating and Reverific	ation. To be completed	and signed by employer	`.	ı
A. New Name (if applicable)			B. Date o	of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work aut eligibility.	horization has expired, pro	ovide the information be	low for the do	cument that establishes current employment
Document Title:	#:	Expiratio	on Date (if any))://
I attest, under penalty of perjury, that to the document(s), the document(s) I have examin				nited States, and if the employee presented
Signature of Employer or Authorized Repres				Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- 3. Certificate of Naturalization (INS Form N-550 or N-570)
- **4.** Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
- 5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- **6.** Unexpired Temporary Card (INS Form I-688)
- 7. Unexpired Employment Authorization Card (INS Form I-688A)
- 8. Unexpired Reentry Permit (INS Form I-327)
- **9.** Unexpired Refugee Travel Document (INS Form I-571)
- **10.** Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

LIST B

Documents that Establish Identity

OR

- 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
- 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
- 3. School ID card with a photograph
- **4.** Voter's registration card
- 5. U.S. Military card or draft record
- 6. Military dependent's ID card
- 7. U.S. Coast Guard Merchant Mariner Card
- 8. Native American tribal document
- **9.** Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

- **10**. School record or report card
- 11. Clinic, doctor or hospital record
- **12.** Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

AND

- 1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- 4. Native American tribal document
- 5. U.S. Citizen ID Card (INS Form 1-197)
- **6.** ID Card for use of Resident Citizen in the United States (INS Form I-179)
- 7. Unexpired employment authorization document issued by the INS (other then those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

MALE APPLICANTS ONLY

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register, but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS (Check one):

Legal signature of individual (please use ink)

()	I certify I am registered with the Selective Service System.
()	I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
()	I certify I have not registered with the Selective Service System.
()	I certify I have not reached my 18th birthday and understand I am required by law to register at that time.
If	you	REGISTRANTS UNDER AGE 26 are under age 26 and have not registered as required, you should register promptly at a United States Post or consular office if you are outside the United States.
If your extreme conde	you care control you care care care care care care care care	REGISTRANTS AGE 26 OR OVER were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, a no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an averagency unless you can prove to the Office of Personnel Management (OPM) that your failure to a was neither knowing nor willful. You may request an OPM decision through the agency that was being you for employment by returning this statement with your written request for an OPM ination together with any explanation and documentation you wish to furnish to prove that your failure to rewas neither knowing nor willful.
Bo 5 cc Se	ecaus U.S. Onsidervice	ACY ACT STATEMENT The information on your registration status is essential for determining whether you are in compliance with C. 3328, failure to provide the information requested by this statement will prevent any further eration of your application for appointment. This information is subject to verification with the Selective expectation of your application of the federal agencies for law enforcement or other authorized use in menting this law.
A	false	E STATEMENT NOTIFICATION statement may be ground for not hiring you, or for firing you if you have already begun work. Also, by be punished by fine or imprisonment (Section 1001 or title 18, United States Code).
_		

Date signed (please use ink)

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withhold-ing each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., inter-est and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

ded	uctions, certain	credits, adjustments to	nonwage income, such as	interest or divide	ends,		·
		Pers	sonal Allowances Worksho	eet (Keep for your	records.)		
Α	Enter "1" for yo	ourself if no one else can c	aim you as a dependent	t			A
	ſ	 You are single and have 	e only one job; or)	
В	Enter "1" if: {	 You are married, have of 	only one job, and your sp	ouse does not	work; or	}	В
		 Your wages from a secor 				00 or less.	
С	Enter "1" for vo	-	• •	_			ouse or
	Enter "1" for your spouse . But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.)						
		will file as head of house					
	-	have at least \$1,500 of ch	·				
	-	include child support payme		-	- ·		· · · · ——
		dit (including additional chile		a ana Depender	il Care Experises	, roi actaiis.,	
		come will be between \$18,00		and \$63,000 if m	arriad) antar "1" f	or oach oligibl	o child
	-	ncome will be between \$50,				-	
	-	en, enter "2" if you have thre				-	
	-			-		-	
н	Add lines A throug	gh G and enter total here. (Note:			•	-	
		• If you plan to itemize o	₹	income and wa	ant to reduce you	r withholding	, see the Deductions
	For accuracy,	and Adjustments WoIf you are single, have		d vour combine	od carnings from	all iobs ovco	nd \$35,000 or if you
	complete all		a working spouse or m				
	worksheets		-Earner/Two-Job Work	-		-	-
	that apply.	 If neither of the above 			-		
		• II Hellier of the above	situations applies, stop	nere and enter t	ne number nom n	TIC IT OIT IIIC .	J OI I OIIII W-4 DCIOW.
		Cut here and give I	Form W-4 to your emplo	yer. Keep the to	p part for your re	cords.	
	\ <i>\\ A</i>	Employee	's Withholding	Allowanc	a Cartifica	to	OMB No. 1545-0010
Forn		1	3 Withholding	Allowaric	c oci tilica	ic	<u> </u>
	rtment of the Treasury nal Revenue Service	For Priva	cy Act and Paperwork R	eduction Act No	tice, see page 2.		
1	Type or print yo	ur first name and middle initial	Last name			2 Your soci	ial security number
	Home address (number and street or rural route)	1	3 Single	Married Ma	rriod but withb	old at higher Single rate.
							ent alien, check the Single box.
	City or town, sta	ite, and ZIP code			t name differs from		
				1	e. You must call 1-		_
5	Total number	of allowances you are clain	ning (from line H above o	or from the anni	icable worksbeet	on page 2)	5
6		nount, if any, you want with	- ·		icable worksheet	on page 2)	6 \$
7		otion from withholding for 20	• •		following condition	ns for avami	
,		had a right to a refund of a					Julian (////////////////////////////////////
		expect a refund of all Fede					
	-	oth conditions, write "Exem		•		7	<u> </u>
	er penalties of perj	ury, I certify that I am entitled to					claim exempt status.
Em	ployee's signatu						
	m is not valid ss you sign it.)	•			Date ►		
8	<u> </u>	e and address (Employer: Compl	ete lines 8 and 10 only if send	ding to the IRS.)	9 Office code	10 Employe	r identification number
	. 3		,	,	(optional)		
						1	

Form W-4 (2001) Page **2**

Deductions and Adjustments Worksheet Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2001 tax return. Enter an estimate of your 2001 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2001, you may have to reduce your itemized deductions if your income is over \$132,950 (\$66,475 if married filing separately). See Worksheet 3 in Pub. 919 for details.) \$7,600 if married filing jointly or qualifying widow(er) \$6,650 if head of household 2 Enter: \$4,550 if single \$3,800 if married filing separately 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0-4 Enter an estimate of your 2001 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 5 Add lines 3 and 4 and enter the total (Include any amount for credits from Worksheet 7 in Pub. 919.) . 5 6 Enter an estimate of your 2001 nonwage income (such as dividends or interest) 6 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 7 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also 10 enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 Two-Earner/Two-Job Worksheet Note: Use this worksheet only if the instructions under line H on page 1 direct you here. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 2 Find the number in Table 1 below that applies to the lowest paying job and enter it here If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet Note: If line 1 is less than line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year end tax bill. 4 Enter the number from line 2 of this worksheet 5 Enter the number from line 1 of this worksheet 6 7 Find the amount in **Table 2** below that applies to the **highest** paying job and enter it here . . . 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . Divide line 8 by the number of pay periods remaining in 2001. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2000. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck \$ Table 1: Two-Earner/Two-Job Worksheet Married Filing Jointly All Others If wages from LOWEST Enter on paying job areline 2 above paying job areline 2 above line 2 above line 2 above paying job arepaying job are-\$0 - \$4,000 0 42,001 -47,000 8 0 65,001 - 80,000 . 8 \$0 - \$6.000 80,001 - 105,000 4,001 - 8,000 47.001 -55.000 6,001 - 12,000 8,001 - 14,000 2 55,001 -10 12,001 - 17,000 2 65.000 105.001 and over 10 14.001 - 19.000 3 65.001 -70 000 17.001 - 22.000 3 11 22.001 - 28.000 19.001 - 25.000 4 70.001 -90.000 12 4 90.001 - 105.000 25.001 - 32.000 5 13 28.001 - 40.000 5 105.001 - 115.000 40.001 - 50.000 32.001 - 38.000 6 14 6 38,001 - 42,000 115.001 and over . 50.001 - 65,000 15 Table 2: Two-Earner/Two-Job Worksheet Married Filing Jointly All Others If wages from HIGHEST Enter on If wages from HIGHEST Enter on paying job areline 7 above paying job areline 7 above \$0 - \$50,000 \$440 \$0 - \$30,000 \$440

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

800

900

1,000

1,100

50,001 - 100,000

100,001 - 130,000

130,001 - 250,000

250,001 and over.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

800

900

1,000

1,100

30,001 - 60,000

60,001 - 120,000

120,001 - 270,000

270,001 and over .

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this address. Instead, give it to your employer.

Standard Form 181 (Rev. 5-82) U.S. Office of Personnel Management FPM Supplement 298-1

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency L	lse Only	Name (Last, First, Middle Initial)		Social S	ecurity	/ Num	be	r				Birt	hdate (Month	& Year)
					-	ı	-	-	-	1	ı				
Privac	y Act Statement														
You are thority employ vide eq this info merce	e requested to furnish to of 42 U.S.C. § 2000e-10 ment practices be free ual employment oppor prmation is in accordance.	his information under the au- 6, which requires that Federal from discrimination and pro- tunities for all. Solicitation of nee with Department of Com- Ethnic Standards for Federal eporting."	you ar (SSN) ber 22, for the mainte	e requiunder 1943). sake nance	ested the a Th of ed of pe	visua d to lutho at Oi cono erson	fu fu orit rde my	perc rnist y of er re y an el re	ep h y qu id co	you xec iire ord rds	n. ur S cuti s a deri i. E	Socia ive O genc Iy ac 3eca	al Sec order! cies to Iminis use y	urity 9397 use stratio	Number (Novemone SSI) In in the ersonne
equal employ Your fu	employment opportuni ees for inclusion in skil urnishing this information will have no effect on yo	in planning and monitoring ty programs and to identify banks and referral pools. In is voluntary. Your failure to ou or on your Federal employ-	records ed on this for SSN w your S fect on	s are id this for m can ill be u SN is v you; fa	entifi m so be a sed : olun ailure	ed by that ccura solely tary a	y y t tl ate y f and	our he or the for the formula of the	SS oth nclinat nat ilui e it	SN, er i ude t pu re t t, he	yo info ed v urp to f owe	ur SS orma with ose. urnis ever,	SN is I tion y your I Your sh it w	peing rou fu record furni rill ha	request rnish ods. You ishing ove ve no et t in it be
ment.	If you fail to provide t	ne information, however, then	ing obt	ained 1	rom	othe	r a	igen	су	so	uro	ces.			
to iden	tify your basic racial a	ategories below are designed national origin category. If rational origin, identify your-	yourse		ace a	an "X	("	in tl	he	bc)X I	next			identif propriat
	ME OF CATEGORY (Mark ONE only)		DEFINITIO	N OF (CATE	GOR	ΙΥ								,
		Categories for Use in A	\II Jurisdi	ctions	Ex	cept	H	ław	ai	i* a	an	d Pı	uertc	Ric	0
A 🗆	American Indian or Alaskan Native	A person having origins in any cultural identification through of	of the ori	ginal p recog	eopl nitio	es o	f N tri	Nortl bal	า / afi	Am filia	eri itio	ca, a n.	ınd w	ho m	aintain
В□	Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.													
СП	Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).													
D□	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.													
Ε□	White, not of Hispanic origin A person having origins in any of the original peoples of Europe, North Africa, or the Middle E Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or ot Spanish cultures or origins (see Hispanic). Also includes persons not included in other cargories.						or othe								
			egories fo												
D□	Hispanic	A person of Mexican, Puerto Ric or origins whose official duty st culture or origin.	an, Cuban, ation is in F	Centra Puerto	al or Rico.	Sout Do	h A es	Ame not	ric in	an, clu	or de	othe pers	er Spa ons c	anish of Por	culture: tuguese
∨ П	Not Hispanic in	A person not of Mexican, Puer	to Rican, C	Cuban,	Cen	tral c	or	Sou	th	An	ner	rican	, or c	ther	Spanist

cultures or origins whose official duty station is in Puerto Rico.

Not Hispanic in

Puerto Rico

SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number]	f
			ENTER CODE HERE	

DEFINITION OF A HANDICAP: A person is handicapped if he she has a physical or mental impairment which substantially lines one or more major life activities; has a record of such impairment: or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee

note above and the reverse side of this form before using this code.) (Note:

Your personnel officer may use this code if, in his or her judgment, you

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

61 One hand

67 One side of body, including one arm and one leg

62 One arm, any part

63 One leg, any part

64 Both hands

68 Three or more major parts of the body (arms and legs)

65 Both legs, any part

66 Both arms, any part

05 I do not have a handicap.

SPEECH IMPAIRMENTS

box"])

used an incorrect code.)

06 I have a handicap but it is not listed below.

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand

76 Lower half of body, including legs

71 Both hands 72 One arm

77 One side of body, including one arm and one led

73 Both arms

74 One leg

78 Three or more major parts of the body (arms and legs)

75 Both legs

HEARING IMPAIRMENTS

15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

13 Severe speech malfunction or inability to speak; hearing is normal (Ex-

amples: defects of articulation [unclear language sounds]; stuttering;

aphasia [impaired language function]; laryngectomy [removal of the "voice

- 16 Total deafness in both ears, with understandable speech
- 17 Total deafness in both ears, and unable to speak clearly

OTHER IMPAIRMENTS

- 80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)
- 81 Heart disease with restriction or limitation of activity
- 82 Convulsive disorder (e.g., epilepsy)
- 83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)
- 84 Diabetes
- 86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
- 87 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)
- 88 Cancer—a history of cancer with complete recovery
- 89 Cancer—undergoing surgical and/or medical treatment
- 90 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)
- 91 Mental or emotional illness (A history of treatment for mental or emotional problems)
- 92 Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])
- 93 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])
- 94 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

VISION IMPAIRMENTS

- 22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")
- 23 Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)
- 24 Blind in one eye
- 25 Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

- 27 One hand
- 28 One arm
- 29 One foot
- 32 One leg
- 33 Both hands or arms
- 34 Both feet or legs
- 35 One hand or arm and one foot or leg
- 36 One hand or arm and both feet or legs
- 37 Both hands or arms and one foot or leg
- 38 Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

- 44 One or both hands
- 47 One or both legs 48 Hip or pelvis
- 45 One or both feet 46 One or both arms

256-104

- 49 Back
- 57 Any combination of two or more parts of the body

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counsefor may also be helpful) will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.



INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION						
(SSN) EMPLOYEE PAYROLL I	ENTIFICATION NUMBER					
EMPLOYEI (as on payro TELEPHONE NUMBER ((Last, First, Initials)					
2. TYPE OF ACCOUNT Checking Savings TYPE OF PAYMENT Net Pay Travel Other Federal	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT Check Digit ACCOUNT NUMBER ACCOUNT TITLE (Account Holder's Name)					
employment related payments	FINANCIAL INSTITUTION NAME					
4. ALLOTMENT INFORMATIO Complete this section only if you wa	t to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.					
TYPE OF ALLOTMI (Check One) Savings (whole dollar Discretionary or Third	mounts only) (Check One)					
ALLOTTEE NAME (person/company who will receive allotment) ALLOTTEE'S ROUTING NUMBER Check Digit						
ALLOTTEE'S ACCC	ALLOTTEE'S ACCOUNT NUMBER					
	ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name)					
FINANCIAL INSTITU	TION NAME					
5. AUTHORIZATION						
* EMPI	DYEE'S SIGNATURE DATE					
6. AGENCY USE:						

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
- 2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
- 3. DIRECT DEPOSIT ACCOUNT INFORMATION

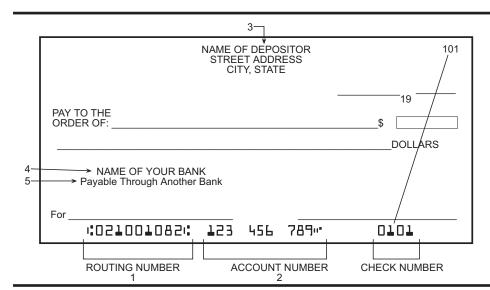
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)

ACCOUNT NUMBER (your account number at your financial institution)

ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.



- ROUTING TRANSIT NUMBER Here you would put "021001082"
- 2. ACCOUNT NUMBER Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card.
- 3. ACCOUNT TITLE (must include employee name)
- 4. FINANCIAL INSTITUTION NAME
- 5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.